### **House of Representatives**



General Assembly

File No. 655

January Session, 2007

Substitute House Bill No. 7407

House of Representatives, April 30, 2007

The Committee on Judiciary reported through REP. LAWLOR of the 99th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

# AN ACT CONCERNING A DEPARTMENT OF CORRECTION CITIZENS ADVISORY GROUP AND THE RIGHTS OF INMATES WITH MENTAL ILLNESS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (Effective July 1, 2007) (a) The Commissioner of
- 2 Correction shall establish a Citizens Advisory Group to review and
- 3 report on the policies and practices of the Department of Correction
- 4 and recommend reforms in such policies and practices or legislation,
- 5 or both, where warranted. The advisory group shall be composed of a
- 6 diverse, cross-section of the community and include, but not be limited
- 7 to, former prisoners, family members of current or former prisoners,
- 8 faith community leaders and other community leaders, correctional
- 9 wardens or superintendents, correctional officers and correctional
- 10 health care providers. The commissioner shall appoint the members of
- the advisory group for specified terms. The advisory group shall meet
- 12 not less than quarterly.
- 13 (b) The advisory group shall annually prepare a report of its

14 findings and recommendations with respect to department policy and

- 15 practice, including any recommendations for legislation, and shall
- 16 hold a public hearing thereon. Not later than January fifteenth of each
- 17 year, the advisory group shall submit such annual report to the
- 18 Governor and the General Assembly in accordance with section 11-4a
- 19 of the general statutes.
- Sec. 2. (NEW) (Effective October 1, 2007) (a) Any inmate confined in a
- 21 correctional facility of the Department of Correction who has been
- 22 diagnosed with a mental illness by a psychiatrist licensed pursuant to
- 23 chapter 370 of the general statutes and who has been determined by
- 24 such psychiatrist to be dangerous to himself or herself or others shall
- 25 receive individualized, clinically appropriate and culturally competent
- 26 mental health services to assess and treat such inmate's condition.
- 27 (b) Any inmate confined in a correctional facility of the Department
- of Correction shall have the opportunity to submit confidential written
- 29 requests for mental health services seven days a week and to be
- 30 interviewed by qualified mental health professionals or mental health
- 31 staff in a setting that provides reasonable privacy from being
- 32 overheard by other inmates and custodial staff who are not mental
- 33 health staff members.
- 34 (c) All custodial staff members at each correctional facility of the
- 35 Department of Correction shall receive not less than sixteen hours of
- training on mental health issues each year. Such training shall consist
- 37 of classroom instruction and written materials provided by qualified
- 38 mental health professionals in conjunction with a training academy
- 39 accredited by the American Correctional Association, and shall
- include, at a minimum: (1) Prevention of suicide and self-injury; (2) recognition of signs of mental illness; (3) communication skills for
- recognition of signs of mental illness; (3) communication skills for interacting with inmates with mental illness; and (4) alternatives to
- interacting with inmates with mental illness; and (4) alternatives to
- disciplinary action and the use of force when dealing with inmates
- 44 with mental illness.
- 45 (d) Before the release of any inmate diagnosed with a mental illness
- as provided in subsection (a) of this section from a correctional facility,

the Department of Correction shall collaborate with the Judicial Department, the Department of Social Services and the Department of Mental Health and Addiction Services as necessary to assist such inmate in obtaining housing, mental health treatment services, any public benefits for which the inmate is eligible and employment counseling upon the inmate's release.

(e) On February first of each year, the Commissioner of Correction shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to the judiciary, public health and appropriations and the budgets of state agencies that shall set forth (1) the number of inmates who are diagnosed with a mental illness as provided in subsection (a) of this section, and (2) a description of the services provided pursuant to subsections (b) and (d) of this section.

This act shall take effect as follows and shall amend the following				
sections:				
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Section 1	July 1, 2007	New section		
Sec. 2	October 1, 2007	New section		

**JUD** Joint Favorable Subst.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

### **OFA Fiscal Note**

### State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Correction, Dept.	GF - Cost	Significant	Significant

Note: GF=General Fund

### Municipal Impact: None

### Explanation

The bill requires that all custodial staff members of the Department of Correction (DOC) receive at least 16 hours of mental health training annually. The total cost of the training is estimated to be \$2.5 million. It is estimated that there would be an additional 69,264 hours of training at an hourly overtime rate of \$33.85, resulting in an additional cost of approximately \$2.34 million, and 4,440 hours of additional training at an hourly overtime rate of \$43.95, resulting in an additional cost of \$200,000.

The bill also requires that any inmate who has been diagnosed with a mental illness and is determined to be dangerous by a licensed psychiatrist must receive individualized, clinically appropriate and culturally competent mental health services. It is unclear how this will affect the extent of the provision of mental health services currently provided to inmates. The Department of Correction, through the University of Connecticut Health Services Contract, already provides services that could be considered to fall within the bill's provisions. In addition, the bill appears to allow the diagnosis by any licensed psychiatrist, not just those psychiatrists employed within the correctional health care system, to cause the provision of mental health services that otherwise would not be provided. The extent to which this may occur is uncertain.

The requirement that DOC collaborate with the Departments of Social Services and Mental health and Addiction Services prior to releasing certain inmates may result in an increased demand for these departments' services. Depending upon the status of the released inmate, individuals may be entitled to state services. The extent of any increased demand, and resulting increased costs, cannot be determined.

### The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

## OLR Bill Analysis sHB 7407

# AN ACT CONCERNING A DEPARTMENT OF CORRECTION CITIZENS ADVISORY GROUP AND THE RIGHTS OF INMATES WITH MENTAL ILLNESS.

### **SUMMARY:**

This bill requires certain inmates with a mental illness confined in a Department of Correction (DOC) facility to receive individualized, clinically appropriate, and culturally competent mental health services to assess and treat the inmate's condition. This applies if a licensed psychiatrist has (1) diagnosed the inmate with a mental illness and (2) determined the inmate dangerous to himself or herself or others.

The bill requires DOC, before releasing such an inmate, to collaborate with the Judicial Branch and departments of Social Services and Mental Health and Addiction Services as necessary to assist the inmate in obtaining housing, mental health treatment services, public benefits, and employment counseling on release.

The bill requires that inmates in DOC facilities have the opportunity to (1) submit confidential written requests for mental health services every day and (2) be interviewed by qualified mental health professionals or mental health staff in a place providing reasonable privacy from being heard by other inmates and non-mental health custodial staff.

The bill requires custodial staff at DOC facilities to receive at least 16 hours of mental health training annually.

The bill also requires the DOC commissioner to create a Citizens Advisory Group to review and report on DOC policies and practices and recommend reforms and legislation. The group must meet at least

quarterly. It must annually prepare a report on its findings and recommendations and hold a hearing on it. It must file the report with the governor and General Assembly by January 15 each year.

EFFECTIVE DATE: July 1, 2007, except for the provisions on mental illness, which are effective October 1, 2007.

### MENTAL HEALTH TRAINING FOR DOC CUSTODIAL STAFF

The bill requires the training to include classroom instruction and written materials provided by qualified mental health professionals in conjunction with a training academy accredited by the American Correctional Association. It must at least include the following topics:

- 1. preventing suicide and self-injury,
- 2. recognizing signs of mental illness,
- 3. communication skills for interacting with inmates with mental illness, and
- 4. alternative to discipline and use of force when dealing with inmates with mental illness.

### DOC REPORT ON MENTAL ILLNESS

The bill requires the DOC commissioner to report to the Appropriations, Judiciary, and Public Health committees by February 1 annually (1) the number of inmates diagnosed with a mental illness and determined dangerous to themselves or others by a licensed psychiatrist and (2) a description of the services provided to inmates that the bill requires.

### CITIZENS ADVISORY GROUP MEMBERS

The bill requires the commissioner to appoint the members and specify their terms. The group must consist of a diverse cross-section of the community including former prisoners, family members of current or former prisoners, faith community and other community leaders, correctional wardens and superintendents, correction officers, and correctional health care providers.

### **COMMITTEE ACTION**

Judiciary Committee

Joint Favorable Substitute

Yea 40 Nay 0 (04/13/2007)